# **Report on Substance Abuse Control Plan**

Wyoming Department of Health Substance Abuse Division (048)

website: <a href="http://wdh.state.wy.us/SAD">http://wdh.state.wy.us/SAD</a> e-mail: <a href="mailto:substanceabuse@state.wy.us">substanceabuse@state.wy.us</a>

Brent D. Sherard, M.D., M.P.H., Director and State Health Officer Wyoming Department of Health

Steven R. Gilmore, Administrator Wyoming Department of Health – Substance Abuse Division

Cheyenne, Wyoming 82002

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Legislative Budgeting Reporting Requirement Expenditures: July 1, 2005 through June 30, 2006

# 1. General Comments/Overview/Executive Summary

During the 2002 Budget Session, the Wyoming Legislature enacted House Bill 59, the "Substance Abuse Control Plan. Wyoming Statute 9-2-2706 mandates the Wyoming Department of Health (WDH), in conjunction with the Department of Corrections (DOC), the Department of Family Services (DFS), and the Department of Workforce Services (DWS) to jointly prepare an annual report detailing the effectiveness of the departments in achieving the goals and directives outlined in the Substance Abuse Control Plan. The Wyoming Department of Health submits this report to the Joint Labor, Health, and Social Services Interim Committee on or before October 1 of each year.

Additionally, during fiscal year 2006, the Wyoming Department of Health Substance Abuse Division underwent two audits by the Management Audit Committee, which resulted in two program evaluation reports. The first report specifically targeted House Bill 59 and was entitled Substance Abuse Planning and Accountability. The second report focused on Drug Courts and was entitled Wyoming Drug Courts. This report will incorporate, where appropriate, recommendations from those two evaluations.

#### 2. General Requirements of the Statute

Pursuant to Wyoming Statute 9-2-2706, the Wyoming Department of Health Substance Abuse Division (SAD) works with state human service agencies to develop comprehensive substance abuse strategies targeting prevention, early intervention, and treatment of tobacco, alcohol, and other drug abuse in the State of Wyoming. The statute also demands these agencies utilize science-based practices to recommend how schools, community mental health centers, social service providers, local healthcare providers, law enforcement, and correctional facilities can better serve the state in responding to substance abuse issues. The *Substance Abuse Control Plan* decreases the potential overlap of services while maintaining a collaborative effort among state and local governmental entities to ensure the maximum leveraging of public and private resources. Additionally, the *Substance Abuse Control Plan* identifies and addresses the gaps blocking essential continuum of care services and allows for recommendations to the Executive, Legislative, and Judicial branches of the State of Wyoming regarding program efficiency and fiscal accountability.

#### 3. Impact/Consequences/Outcome

House Bill 59 was a comprehensive legislative initiative to address substance abuse prevention, intervention, and treatment as well as specified legislative mandates. The following summarizes the progress achieved by the three primary agencies responsible for the specific initiatives under the *Substance Abuse Control Plan*: the Wyoming Department of Health Substance Abuse Division, the Department of Family Services, and the Department of Corrections.

# A. Promulgation of Standards

Wyoming Statute 9-2-2701(b) required the WDH collaborate with the Departments of Education, Family Services, Corrections, and Workforce Services to promulgate rules establishing "standards for the effective treatment and prevention of substance abuse." The Departments completed these standards effective July 1, 2004. WDH provides state treatment funding only to certified substance abuse treatment programs, providers, or facilities. The standards establish program criteria, improve data collection and analysis,

evaluate outcomes, manage wait lists, and continue evidence-based substance abuse education.

The SAD is addressing areas of the current standards requiring modification and is working toward collapsing the 1984, 1993, and 2004 versions. Additional work on the expansion of the standards in adolescent treatment, criminal justice, women and children, co-occurring disorders, and prevention is complete within the drafted collapsed standards. The SAD will proceed with the rule-making process in the coming year, collaboratively, with the Mental Health Division (MHD), the Wyoming Association of Mental Health and Substance Abuse Centers (WAMHSAC), and other key stakeholders.

#### B. Certification

The SAD works with the University of Nevada-Reno and contracts with the Center for Application of Substance Abuse Technologies (CASAT) to bring resources and technical assistance to providers and the state treatment system. The outcome of this project is the development and implementation of a quality management system that improves the delivery of substance abuse services in Wyoming. The certification and quality assurance system is in place to support state funded and private substance abuse treatment and prevention providers, Driving Under the Influence (DUI) programs, criminal justice programs, and the Wyoming Correctional treatment system.

CASAT conducted certification site visits for 15 funded providers at 27 sites, resulting in certification of 78 levels of service. Five (5) funded providers improved from a one-year certification at the first site visit to a two-year certification. Six (6) funded providers maintained a one-year certification. Five (5) funded providers went from a two-year certification to a one-year certification. In all, Wyoming now has 107 certified substance abuse treatment providers throughout all 23 counties.

CASAT conducted site visits of 55 private providers at 65 sites, resulting in certification of 120 levels of service. The certification process has been very positive in helping these providers improve to the next level of service and meeting the Wyoming Substance Abuse Standards, which require their certification. CASAT renewed prevention provider certification for 38 prevention providers.

The Wyoming Department of Health coordinated certification processes with the Department of Family Services so CASAT certifies providers for both. This not only saves money, but reduces the provider anxiety of having to go through two substance abuse certification processes at different times of the year.

#### C. Training and Technical Assistance

Training for providers conducted by CASAT included ethics, family therapy, Methamphetamine, confidentiality, motivational interviewing, Addiction Severity Index (ASI)/American Society for Addiction Medicine (ASAM)/Clinical Record Integration, case management, co-occurring issues, and diagnostic and statistical manual of mental disorders (DSM) diagnosis, and treatment with the criminal justice population. CASAT provided onsite technical assistance to providers in developing treatment plans, progress notes, policies and procedures, implementing the ASI/ASAM, quality assurance and evaluation implementation, and fiscal management. SAD and CASAT developed a residential funding formula and conducted a technical assistance meeting with residential treatment providers

to train and implement the updated formula. The SAD, in collaboration with CASAT, developed and disseminated a matrix comparing substance abuse, Medicaid, behavioral health, and Commission on Accreditation of Rehabilitation Facilities (CARF) treatment plan requirements to providers. The SAD now has a certification data management system in place to track the level of services and certification status of Wyoming providers, regardless of whether they receive state funding.

# **D. Improved Community Treatment Services**

The Substance Abuse Control Plan includes funding to improve community treatment services. The legislation directed the SAD to work collaboratively with the treatment system and to hold agencies accountable for results. The SAD expanded its ability to build treatment capacity and educate clinicians and directors on evidence-based, cost effective treatment therapies. The SAD increased levels of accountability and fiscal management of all programs through targeted strategic planning efforts. In the Management Audit Committee report, two recommendations touched upon this very area. The first concluded that defining necessary client level data and outcomes and structuring contract provisions for uniform data reporting are necessary to reflect the accountability sought by the Legislature. Secondly, completed applications from providers need to be required and the final contract terms should reflect the provider's application. The Division is developing a system to base its decisions about programs, services, and budgets on outcome measures that coincide with National Outcome Measures (NOMS) for full implementation by fiscal year 2008.

The SAD moved all contracts to a performance-based system whereby contracts delineate deliverables in a clear and precise manner and payment will be upon completion of the agreed deliverables. According to information from the Wyoming Client Information System (WCIS), between Wyoming state fiscal years, FY2000 to FY2005, the number of clients treated for substance abuse dependence increased from 6,617 in FY2000 to 10,117 in FY2005. The increase in treatment capacity (outpatient, intensive outpatient, residential treatment services, and drug court programs) is largely due to the passage of HB59. Wyoming has implemented evidence-based treatment practices and individualized treatment to meet both the treatment demands and increase effectiveness.

The SAD will continue to work closely with the MHD and the Select Committee on Mental Health and Substance Abuse Services to further plan and develop regionalization of services and the comprehensive statewide treatment plan. In addition to existing types of services available in Wyoming, the Division envisions expansion and accessibility of treatment services across every region in order to provide a full continuum of care.

The use of a standardized assessment has enabled treatment providers to be more proficient at appropriately matching clients to the most effective level of care. The four levels of treatment funded through HB59 are:

#### Outpatient-OP (Level I)

Outpatient treatment may include detoxification and rehabilitation services and are delivered in a wide variety of settings. Services are designed to treat the individual's level of clinical severity and to help the individual achieve permanent changes in his/her alcohol and drug using behavior and mental functioning.

### Intensive Outpatient-IOP (Level II)

These intensive services utilize a combination of therapy groups, individual counseling, family therapy, and recovery community activities to promote long-term recovery through educating the chemically dependent about addiction and equipping the client and family with the necessary recovery tools. Such programs also provide essential education and treatment components, while allowing patients to apply their newly acquired skills within their own environment. Programs have the capacity to arrange for medical and psychiatric consultation, psychopharmacological consultation, medication management, and 24-hour crisis services.

# Residential and Therapeutic Communities (Level III)

Level III encompasses organized services staffed by designated addiction treatment and mental health personnel who provide a planned regimen of care in 24-hour permanent facilities where patients can reside safely. It is important to determine treatment needs on an individual basis rather than establishing a set number of days to stay in such a facility. It is sometimes important to remove the individual from his or her environment temporarily to achieve successful recovery. Both residential treatment and therapeutic communities achieve these goals. A therapeutic community utilizes stages or phases of treatment that vary in intensity.

# Gender Specific and Adolescent Treatment

SAD's capacity to increase treatment services for women and children and provide a strong adolescent treatment infrastructure improved. While capacity for women's specific treatment has expanded, wait lists are prevalent. The number of women who are waiting seven or more days has risen, and the need for timely placement continues. The SAD provides training and technical assistance to the field on juvenile treatment issues; implementation of two assessment instruments, Global Appraisal of Individual Needs (GAIN) and Teen Addiction Severity Index (T-ASI), across all agencies; and creating and expanding youth treatment standards with the collaboration of the providers, state agencies, and other key stakeholders.

#### Facility Expansion for Improved Community Treatment Services (Section D):

Fiscal Year Services	2004-2005	2005-2006
Intensive Outpatient Women Adolescents Adult	23 2 6 15	23 2 6 15
Residential Women Adolescent Adult	167 Beds 4 - 50 Beds 1 - 8 Beds 4 – 109 Beds	186 Beds 4 - 58 Beds 1 - 8 Beds 4 – 120 Beds
Drug Courts Adult Juvenile Family	22 12 10 0	23 13 6 4

The SAD coordinates the implementation of the federal Access to Recovery Grant (ATR) for Natrona County juveniles entering into Circuit and Juvenile Court systems. Juvenile Diversion, DFS custodial clients, Juvenile Probation, State Probation – Juvenile Officer, and the Natrona County School District also provide additional referrals. Assessment services began May 2, 2005, and to date, ATR has assessed 415 clients. Now in the nineteenth month of ATR operations, the total number of clients served exceeds 464. Clients served represent 100% of applicable clients from these referral agencies. SAD received a technical assistance site visit in August 2005 from SAMHSA modifying projected clients and their social support groups (families) served under this grant to 1,100 from the original estimate of 1,500.

Access to Recovery has received SAMHSA authorization to increase the grant to include clients, and/or family members, who are between 12 and 25 years old, and are either actively using, or at substantial risk of using controlled substances. SAMHSA authorized use of residual funds from year-one to provide limited residential, emergency medical, and aftercare services for ATR clients. Access to Recovery contracts all local services through approximately 65 State licensed or certified agencies. ATR selects vendors based on clients' assessed needs and interests. The State reimburses vendors through electronic vouchers and no direct services are offered by ATR's current staff of two full-time, two half-time, and two 10% -time employees.

Current cost of treatment for combined treatment and aftercare support is approximately \$930 per client. This amount includes a proportionate allocation of administrative and overhead support. SAMHSA anticipates terminating ATR funding on August 2, 2007. The Division believes it will be unable to expend some original grant funds by that date. The Division will re-apply for those residual funds to ensure ATR can complete services with existing clients.

State-funded providers and private providers perform a variety of services within Wyoming counties. The list of services in the table below is inclusive of all SAD certified treatment providers and their services.

County	Modalities/Treatment Offered	Special Populations Served
Albany 6 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level II.1 Intensive Outpatient Adult -Level III.1 Residential Adolescent -Level III.5 Residential Adolescent -DUI (Driving Under the Influence)/MIP (Minor in Possession)	-Criminal Justice -Co-Occurring -Women's Treatment -Adolescent Treatment Services
Big Horn 3 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level II.I Intensive Outpatient Adult -DUI/MIP	-Co-Occurring -Criminal Justice -Adolescent Treatment Services

County	Modalities/Treatment Offered	Special Populations Served	
Campbell 6 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level I-D -Level II-D -Level II.I Intensive Outpatient Adult -Level III.I Intensive Outpatient Adolescent -Level III.5 Residential Adolescent -Level III.7-D Detoxification -Emergency Assessment -DUI/MIP	-Criminal Justice -Co-Occurring -Adolescent -Adolescent Treatment Services -Women's Treatment	
Carbon 2 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -DUI/MIP	-Criminal Justice- Adolescent Treatment Services	
Converse 3 Certified Providers  -Level I Outpatient Adult -Level I Outpatient Adolescent -Level II.I Intensive Outpatient Adult -DUI/MIP		-Women's Treatment -Co-Occurring -Criminal Justice	
Crook 1 Certified Provider -Level I Outpatient Adult -Level I Outpatient Adolescent -DUI/MIP		-Criminal Justice -Co-Occurring Disorder -Adolescent Treatment Services	
Fremont 15 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level I-D -Level II-D -Level II.I Intensive Outpatient Adult -Level II.I Intensive Outpatient Adolescent -Level III.2-D -Emergency Assessment -Transitional Residential -DUI/MIP	-Criminal Justice -Co-Occurring -Adolescent Treatment Services	
Goshen 2 Certified Providers	-Level I Outpatient Adult -Level II.I Intensive Outpatient Adult -Level II.5 Intensive Outpatient Adolescent -Level III.7 Residential Adolescent	-Criminal Justice -Co-Occurring -Adolescent Treatment Service -Women Treatment	
Hot Springs 1 Certified Provider			
Johnson 1 Certified Provider	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level II Intensive Outpatient Adult -Level II Intensive Outpatient Adolescent -DUI/MIP	-Criminal Justice -Co-Occurring -Adolescent Treatment Services	

County	Modalities/Treatment Offered	Special Populations Served
Laramie 9 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level II.I Intensive Outpatient Adult -Level II.I Intensive Outpatient Adolescent/Women -Level III.I Residential Adolescent -Level III.5 Residential Adolescent -Level III.1, III.3, III.5 Residential Adult -DUI/MIP	-Criminal Justice -Co-Occurring -Adolescent Treatment Service -Women Treatment
Lincoln 2 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level II.I Intensive Outpatient Adult DUI/MIP	-Criminal Justice -Co-Occurring -Adolescent
-Level I Outpatient Adult -Level I Outpatient Adolescent -Level I Ambulatory Detoxification -Level II., II., IV-D (ASAM Assessments) -Level II.I, II.5 Intensive Outpatient Adult -Level III., II.5 Intensive Outpatient Adolescent -Intensive Outpatient Women -Level III.7 Residential Adolescent -Level III.5 Residential Adolescent/Inpatient Adolescent -Level III.1, III.3, III.5 Residential Men -Level III.1, III.3, III.5 Residential Women -Level III.7 Residential Adult -Residential Dependent Children -Emergency Assessment -Emergency Services -DUI/MIP		-Criminal Justice -Co-Occurring -Adolescent Treatment Services -Women's Treatment Services -Dependent Children
Niobrara 3 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -DUI/MIP	-Women's Treatment -Co-Occurring -Criminal Justice -Adolescent Treatment Services
Park 5 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level II.I Intensive Outpatient Adult -Level II.I Intensive Outpatient Adolescent -Level III.1 Residential Adult -DUI/MIP	-Criminal Justice -Co-Occurring -Adolescent Treatment Services
Platte 1 Certified Provider	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level II.I Intensive Outpatient Adult	-Criminal Justice -Co-Occurring -Women's Treatment Services -Adolescent Treatment Services

County	Modalities/Treatment Offered	Special Populations Served
Sheridan 6 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level II.I Intensive Outpatient Adult -Level II.I Intensive Outpatient Adolescent -Level II.5 Partial Hospitalization Adult -Level III.5 Residential Adolescent -Level III.3, III.5 Residential Adult Male/Female -Residential Treatment for Dependent Children -DUI/MIP	-Criminal Justice -Co-Occurring -Adolescent Treatment Services -Women's Treatment Services -Dependent Children
Sublette 1 Certified Provider	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level II.I Intensive Outpatient Adult -DUI/MIP	-Criminal Justice -Co-Occurring -Adolescent Treatment Services
Sweetwater 5 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level II.I Intensive Outpatient Adult -Level II.I Intensive Outpatient Adolescent -Emergency Assessment -Level III.2 Detoxification -Level III.1, III.3, III.5 Residential Adult -Residential Treatment for Dependent Children -DUI/MIP	-Criminal Justice -Co-Occurring -Adolescent Treatment Services -Women's Treatment Services -Dependent Children
<b>Teton</b> 5 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level II.I Intensive Outpatient Adult -Level II.I Intensive Outpatient Adolescent -Level III.I Residential Adolescent -DUI/MIP	-Criminal Justice -Co-Occurring -Adolescent Treatment Services -Women's Treatment Services
Uinta 4 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -Level II.I Intensive Outpatient Adult -Level II.I Intensive Outpatient Adolescent -Emergency Assessment -Level III.I, III.3, III.5 Residential Adult -DUI/MIP	-Criminal Justice -Co-Occurring -Adolescent Treatment Services
Washakie 2 Certified Providers	-Level I Outpatient Adolescent -Level II.I Intensive Outpatient Adult -DUI/MIP -Emergency Assessment Services	-Criminal Justice -Co-Occurring -Adolescent Treatment Services
Weston 2 Certified Providers	-Level I Outpatient Adult -Level I Outpatient Adolescent -DUI/MIP	-Criminal Justice -Co-Occurring -Adolescent Treatment Services

# **E.** Drug Court Expansion

Drug courts offer non-violent, substance-using offenders the option to participate in and complete an alternative sentencing program that includes a judicially-monitored substance abuse treatment program. The SAD role in implementing drug courts in Wyoming is to provide regulatory oversight of, and technical assistance to, the drug courts receiving SAD funding. The SAD is responsible for planning and promoting long-term sustainability of individual drug court programs, increasing the number of drug courts, and promoting effective interaction and use of resources among criminal justice personnel, state agencies, and community partners. The SAD is accountable for requiring drug court performance on program goals and evaluating performance measures. Wyoming's Drug Court Program is the first in the nation to adopt the national performance measures in the areas of participant retention, sobriety, recidivism, and units of service. These performance measures allow for uniformity and provide standardized evaluation for drug courts throughout the state.

For fiscal year 2007, the SAD will oversee 13 adult drug courts in Albany, Campbell, Fremont, Johnson, Laramie, Lincoln, Natrona, Park, Sheridan, Sweetwater, Teton, and Uinta counties, and the Wind River Indian Reservation. There are six juvenile drug courts in Campbell, Fremont, Johnson, Sheridan, and Uinta counties, and the Wind River Indian Reservation. Three counties will operate family treatment courts in Big Horn, Teton, and Sweetwater counties. Laramie County has a DUI Court. The total amount awarded to these 23 courts is \$4,163,080.

Local drug court teams have committed themselves to extensive training programs to develop effective drug courts. In the past year alone, local drug court teams including judges, prosecuting attorneys, defense attorneys, coordinators, law enforcement personnel, probation officers, and other team members have attended training provided by the National Association of Drug Court Professionals, the National Drug Court Institute (NDCI), and local and national training related to treatment issues. Many attended the National Drug Court Conference, the Wyoming Drug Court Conference, the Wyoming Methamphetamine Conference, and the Wyoming Sanctions and Incentives Workshop.

House Bill 59 allocated \$3.4 million to double the number of drug courts. During the FY05 general session, the legislature allocated an additional \$1.3 million to expand the Drug Court Program. In the 2006 session, the Legislature reauthorized this funding, bringing the total to \$9,000,000 for the biennium through HB 91.

The SAD is collaborating with Dr. Cary Heck (University of Wyoming Criminal Justice Assistant Professor and Research Director for the National Drug Court Institute), University of Wyoming Survey & Analysis Center (WYSAC), the Drug Court Panel, and the Wyoming Drug Court Association to assist in developing a long-range strategic plan for drug courts.

In May 2006, the SAD issued an Request for Proposal (RFP) for the drug court statewide evaluation. The Division awarded the contract the National Center for State Courts. The National Center for State Courts will complete this evaluation by January 1, 2007.

The drug court case management system became operational on July 1, 2006. The web-based system will provide client level data and will provide data for performance measures. All drug courts receiving SAD funding are required to enter data into the case management system.

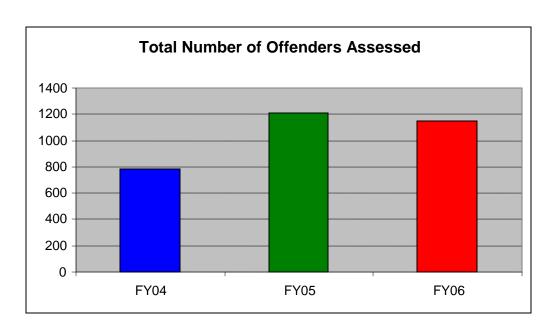
#### F. Department of Corrections

The Wyoming Department of Corrections assigns field agents to adult drug courts and to those working with substance abuse residential treatment programs. These agents fulfill statutory mandates for offender accountability, drug testing, and public safety in partnership with community treatment alternatives. The mission for field service agents is a balanced approach to supervision. The mission design enhances public safety and provides offenders the opportunity for change. The involvement of the field agents in drug courts provides enhanced focus to the program, which promotes offender accountability, intensive treatment services, and long-term behavioral change by the offender while maintaining DOC commitment to public safety. Corrections field agents assigned to residential treatment programs serve a role similar to those within drug courts. Currently both in-patient and intensive outpatient programs involve DOC field agents. Supervision occurs only with those offenders under court ordered supervision or on parole and under the authority of the Board of Parole. Residential inpatient programs lack authority to keep offenders and thus agents fulfill the authority role via power to seek arrest and hold orders or initiate revocation proceedings. The Department bases this supervision on Intensive Supervised Program (ISP) standards.

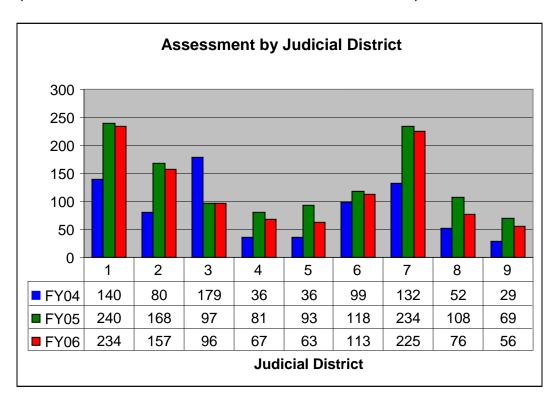
# G. Addicted Offender Accountability Act

Wyoming Statute 7-13-1301 through 7-13-1304 offers the court an alternative sentencing option to encourage treatment in lieu of incarceration. Known as the Addicted Offender Accountability Act (AOAA), the statute allows an individual convicted of a third misdemeanor DUI within five years, or a felony, to receive a suspended sentence or probation under Wyoming Statute 35-7-1037. The convicted felon or individual convicted of a third or subsequent DUI within five years undergoes a mandatory ASI assessment to determine his/her bio-psycho-social-medical-legal-financial needs as well as diagnosis as part of their pre-sentence investigation (Wyoming Statute 7-13-302). The Pre-Sentence Investigation report uses this assessment to generate recommendations for level of care for sentencing options. The court then has the option to sentence the offender based on the substance abuse assessment and other terms and conditions – effectively ordering the offender to satisfactorily complete a treatment program or remand the individual to the custody of local or state detention/correctional facilities.

The administration of the AOAA program was transferred to DOC from WDH –SAD under a Memorandum of Understanding on July 1, 2005, and there remains a collaborative agreement for consultation and data sharing. The DOC Support Services Division contracts with eight licensed clinicians strategically placed across nine judicial districts in Wyoming. These clinicians complete substance abuse assessments using the Drug Evaluation Network System (DENS) software in face-to-face meetings between the assessor and addicted offenders. The recommendations from these assessments go into the Pre-Sentence Investigation (PSI) report. This assists the probation officer and the court to determine whether treatment is an option to incarceration.



The total number of offenders assessed in FY04 was 783; the total number of offenders assessed in FY05 increased to 1,208; and 1,151 offenders were assessed in FY06. Since its effective date on July 1, 2003; 3,142 offenders received substance abuse assessments and potential treatment recommendations included in their PSI reports.



DOC continues to work with the Treatment Research Institute (TRI) to gather information from ASI assessments completed on offenders and integrate the information with other DOC data systems. DOC identified and will work to enhance several additional data needs in order to determine the effectiveness of the AOAA program.

During the first quarter of 2006, Wyoming's addicted offenders tended to be young males (32 percent) ages18-25 years. A little more than half of the individuals assessed (49 percent) reported a lifetime history of heavy alcohol use. Offenders had an average of ten years of heavy alcohol use. The bulk of Wyoming's offenders participating in the AOAA program reported having been arrested and charged in his/her lifetime with a violent offense (51 percent), the next highest was drug arrest (56 percent), followed by an arrest for driving while intoxicated (36 percent). Ninety-three percent (93 percent) reported at least one conviction, with an average of four. Almost three-quarters (74 percent) reported having been incarcerated. Wyoming offenders appeared to struggle with a variety of substances. These substances were most notably cannabis (53 percent), alcohol (49 percent), and amphetamine (42 percent). Seventeen percent of clients assessed in Wyoming reported receiving inpatient psychiatric care during their lifetime. More than half (54 percent) of Wyoming offenders reported receiving outpatient psychiatric treatment. Wyoming offenders reported high percentages of prescribed psychiatric medications, serious depression, anxiety, trouble controlling violent behavior, and suicide attempts. This data suggests a connection between mental health problems and drug abuse for Wyoming's AOAA population.

#### H. Prevention

The SAD continues a commitment to enhance statewide prevention programs. During this past year, the SAD developed or continued prevention initiatives to address alcohol or other substance abuse issues with *Substance Abuse Control Plan* funding:

- Wyoming First Lady's Initiative to Reduce Childhood Drinking
- Prevention Education Resource Center
- Prevention Needs Assessment (PNA)
- Interactive Website for Prevention Needs Assessment (PNA) Data
- Alcohol Opinion Survey
- Wyoming D.A.R.E. Training and Evaluation
- Alcohol Compliance (reported in Wyoming First Lady's Initiative below)
- Survey of Alcohol Use among 18 24 Year Olds
- Mercer House Youth Mentoring Pilot
- Volunteers of America Camp Postcard
- Wyoming Community-Based Methamphetamine Initiative

Also notable are two federally funded initiatives:

- Strategic Prevention Framework-State Incentive Grant (SPF-SIG)
- 21<sup>st</sup> Century State Incentive Grant (21 SIG)

### I. Wyoming First Lady's Initiative

The Wyoming First Lady's Initiative (WFLI) to reduce childhood drinking is one component of a multi-pronged approach to the reduction of underage drinking through the use of researchbased best practices and environmental strategies. These strategies were developed by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the Pacific Institute for Research and Evaluation (PIRE) and have been endorsed by the Institute of Medicine National Academy of Science (IOM/NAS) and the Wyoming Governor's Substance Abuse and Violent Crime Board. These best practices have been documented in A Wyoming Response to the IOM/NAS Report "Reducing Underage Drinking: A Collective Responsibility." During this report period, SAD contracted for services to continue the WFLI communications plan with funding from the Substance Abuse Control Plan. In coordination with First Lady Nancy Freudenthal, the Governor's Planning Office, and the Enforcing Underage Drinking Laws advisory committee, these efforts included a one statewide televised town hall meeting that was simulcast in 12 additional sites; local town hall meetings in Riverton, Casper, Lincoln County, Worland, Moorcroft, and at the University of Wyoming; inclusion of underage drinking information within a variety of local initiatives (ranging from proclamations to community-wide media campaigns); team leader training meetings with representatives from 17 counties and generally exceeding 70 participants; hosted the annual Alcohol Showcase; hosted a youth leadership conference which was attended by more than 120 youth from 11 Wyoming communities; maintenance of the WFLI website which generally exceeds 40,000 visits per month; and coordinated efforts to gain baseline information regarding Wyoming perceptions regarding underage drinking, drunk driving, adult alcohol misuse, and support for policies.

#### J. Prevention Education Resource Center

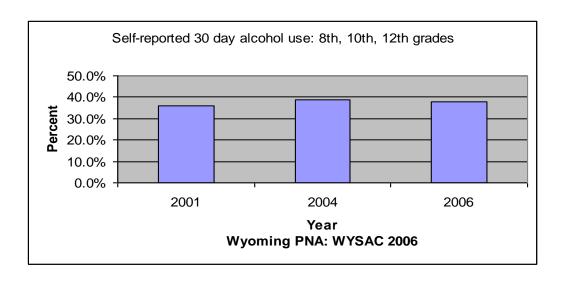
The SAD has progressed on the goal to develop and provide an inter-agency sponsored Prevention Education Resource Center (PERC) to increase the prevention capacity of Wyoming communities through technical assistance and training. The role of the PERC is to improve the connection between state government and local communities; provide technical assistance services; develop expertise in each county to improve prevention capacity statewide; and increase staff development specific to prevention education. The Wyoming Department of Education and Governor Freudenthal's office partnered with the SAD to identify potential partners and to develop a database of collaborative agencies and the community initiatives they serve. The web portal, which is the master communication tool utilized by the PERC, will assist Wyoming counties to successfully launch and implement the Strategic Prevention Framework steps [please see Strategic Prevention Framework-State Incentive Grant (SPF-SIG) below]. During the next year, the SAD will request proposals to further develop PERC capacity to provide technical assistance and training for the SPF SIG community grantees, the Prevention Block Grant programs, the Tobacco-free Wyoming Community programs, and for other SAD prevention initiatives.

# **K. Prevention Needs Assessment**

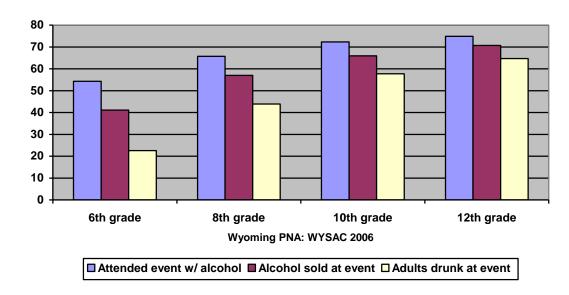
The Substance Abuse Control Plan funds support the implementation of the Prevention Needs Assessment (PNA) survey. This biennial survey was recently administered in the spring of 2006 to over 16,500 students across the state to determine the risk and protective factors for 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders. This survey collects self-reported data on a variety of demographic, community, and behavioral variables. The information from this assessment provides invaluable insight into the state's substance use prevention needs and progress. More specifically, this data will assist planners and program providers to better

understand which risk and protective factors can be targeted in an effort to help reduce substance use in Wyoming communities. The full report will be available early in November 2006 via the SAD website. The WYSAC conducted the third iteration of the PNA. Several notable trends were found.

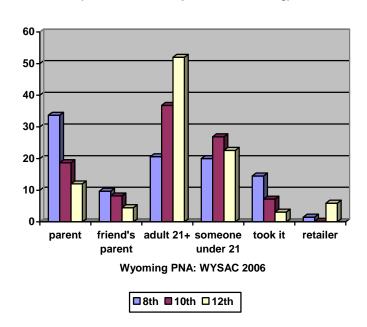
- Self-reported alcohol use has remained stable across time.
- There is a substantial increase of alcohol use between the 6<sup>th</sup> and 8<sup>th</sup> grades and a substantial increase between 8<sup>th</sup> and 10<sup>th</sup> grades.
- While few 6<sup>th</sup> graders reported use during the past 30 days (6.7 percent in 2006) about half (54.4 percent) of the students who said they drank alcohol in their lifetime reported that they received their last drink of alcohol from their parents.
- By 12<sup>th</sup> grade, nearly half (48.2 percent) of the students reported alcohol use during the past 30 days, but the source of where they reported obtaining their last alcoholic beverage was substantially different from 6<sup>th</sup> and 8<sup>th</sup> grade students.
- As students progress through school, they report that they are increasingly exposed
  to alcohol at community events where adults are drinking alcohol, where alcohol is
  sold, and where adults are drunk or intoxicated.
- Of the students who reported 30 day alcohol use, few reported receiving an MIP for alcohol in the last 12 months:
  - 6<sup>th</sup> grade—6.5 percent; 8<sup>th</sup> grade—8.9 percent; 10<sup>th</sup> grade—9.0 percent; 12<sup>th</sup> grade—10.3 percent.
- The 2006 PNA was changed to ask students about methamphetamine use. While
  methamphetamine continues to be a significant issue in Wyoming, the PNA indicates
  that the use may not be as high among adolescents as previously thought.



# Alcohol in the community as seen by youth



How obtained last drink of alcohol (of students who reported ever drinking)



Self-reported methamphetamine use by grade level: 2006 PNA

	6 <sup>th</sup> Grade	8 <sup>th</sup> Grade	10 <sup>th</sup> Grade	12 <sup>th</sup> Grade
30-day	0.1%	0.6%	0.9%	1.5%
Past 12-months	0.4%	1.2%	2.2%	2.8%
Lifetime	0.4%	1.8%	3.8%	5.6%

Wyoming PNA: WYSAC 2006

#### L. Interactive Website for Prevention Needs Assessment Data

The SAD contracted with WYSAC to develop an interactive website for previous and current PNA data. The website will enable county partners to utilize PNA data in a more efficient way. They will be able to choose specific indicators, risk factors, or protective factors and find comparison data statewide. The website is currently in the Alpha test phase with the Beta phase—with user feedback—throughout 2006. Version 2.0 will be available during February 2007 and will include 2006 PNA data.

### M. Alcohol Opinion Survey

The SAD collaborated with the Wyoming First Lady's Initiative, the Wyoming Department of Transportation, Governor's Planning Office, Enforcing Underage Drinking Age Advisory Council, the University of Wyoming, and others to conduct a baseline study to assess alcohol-specific attitudes, knowledge, and beliefs. The SAD utilized the *Substance Abuse Control Plan* funds to enhance the study to obtain county specific data. WYSAC has completed the survey and the reports will be available during November 2006.

# N. Wyoming D.A.R.E. Training and Evaluation

Wyoming Drug Abuse and Resistance Education (D.A.R.E.) is one of the oldest sustained substance abuse prevention programs. Since 1986, D.A.R.E. has worked throughout Wyoming to build community partnerships and advance prevention efforts. During 2005, 14,778 Wyoming students were served through the New D.A.R.E. curriculum which national studies show are effective in reducing initiation of tobacco use. A previous evaluation conducted by WYSAC found that the New D.A.R.E. in Wyoming shows an improvement in the protective factors of peer-individual social skills and in the perceived risk or harm of drug use at both the elementary and middle school levels. The evaluation also showed an improvement (reduction) of the risk factor of future intent to use at the middle school level. The SAD provided funding to the Wyoming D.A.R.E., Inc. to continue training officers in the new curricula and to purchase the new student planner/workbooks.

Wyoming D.A.R.E. will also work with WYSAC to evaluate the program. The evaluation will assess the impact of D.A.R.E. on youth participants and will assess how D.A.R.E. is perceived within the statewide prevention picture. The SAD will provide a mid-term report on the status of this evaluation in 2007 and a final report October 2008.

#### O. Survey of Alcohol Use among 18 – 24 Year Olds

WYSAC will utilize a survey instrument specifically designed to assess alcohol-specific attitudes, knowledge, beliefs, and consumption patterns among Wyoming 18-24 year olds. The survey will utilize both land lines and cell phone numbers and through the survey WYSAC may learn innovative ways to reach this age group that has been shown to have the highest alcohol use rates. The final report is due to the SAD by December 2006 and expected for final publication early in 2007.

#### P. Mercer House Youth Mentoring Pilot

Natrona County's Mercer House was provided funding to continue the third year of a pilot program modeled after the Office of Juvenile Justice and Delinquency's Prevention Intensive Aftercare. This program is designed to serve youth who have been placed in one

of Wyoming's Juvenile placement facilities, such as the Wyoming Girls' School. Release back to the home community after placement is a difficult and relapse is common. This program provided structure and mentoring for the returning youth. Specific activities include: academic assistance, meaningful community service, positive recreation, family support services, and information groups focusing on substance abuse and individual social skills. Mercer House emphasized pre-release planning; structured, short-term transitional programming; and structured longer-term re-integrative activities that balance with the supervision and services already provided by Department of Family Services. The goals of the program are as follows:

- Prepare youth for increased responsibility and freedom.
- Facilitate youth-community interaction and involvement.
- Work with youth to develop a community support system.
- Develop new resources and supports.

From inception, Mercer House served a total of 146 youth in the re-entry project. Over the past year, the dual importance of both group contact and one-on-one contact in relation to positive outcomes were noted. The program also showed that consistent contact with youth while still in out-of-home placement (site visits) provided a great base for developing stronger relationships upon returning to the home community, which contributed to the success of the youth in the program.

Research shows that this level of support for returning youth reduces recidivism rates, substance abuse, and academic failure. A partnership with Big Brothers Big Sisters enhanced the mentoring component to the program and a process for more outcome-based evaluation of the work was developed.

# Q. Volunteers of America Camp Postcard

The SAD again partnered with Volunteers of America to provide a camp for 80 of Wyoming's most at-risk 5<sup>th</sup> and 6<sup>th</sup> grade youth. The project involves mentorship with a variety of criminal justice and law enforcement professionals as well as continued work with these youth following the camp.

#### R. Wyoming Community-Based Methamphetamine Initiative

Methamphetamine takes its toll on public health, public safety, and the overall quality of life in Wyoming communities. Many communities, however, have taken action against methamphetamine issues by building partnerships through local community initiatives. Other communities have been slower to address methamphetamine-related issues in a collaborative manner. The Wyoming Department of Health realizes that methamphetamine is a community issue that the community themselves must resolve. Although public awareness has been raised since 2002 and communities have indicated a willingness to take action against methamphetamine, many communities are unsure of how to take action steps. At the recommendation of Governor Freudenthal, the Department of Health has taken action to provide encouragement and support to new and existing community initiatives and to encourage community partnering. The Department of Health Substance Abuse Division "Core Team" has initiated community visits across the state to discuss how the Department can support local anti-methamphetamine efforts. The goal of the Core Team is to serve Wyoming communities by providing assistance to local community methamphetamine

initiatives in a manner that promotes community ownership. Twenty-seven communities have held or are planning to hold community coordination meetings.

Substance Abuse Control Plan funding was provided to nine communities to advance their current needs:

**Douglas:** Provide assistance in gathering and analysis of local statistics related to methamphetamine, alcohol, and other controlled substances and the dissemination of information to the public: \$5,000

**Riverton:** Assist with community and organizational meetings; to consider drug testing in the work-place; to develop and distribute educational materials; and to assist with local substance abuse prevention staffing needs: \$8,300

**Lander:** Assist with local school-age drug awareness, education, and mentoring programs: \$7,500

**Baggs/Dixon:** Assist with methamphetamine education including distribution of literature throughout the Little Snake River Valley: \$3,000

**Rawlins:** Organize community meetings concerning methamphetamine and workplace drug screening, and develop and distribute methamphetamine prevention educational materials: \$10,000

**Newcastle:** Host a methamphetamine mini-conference, distribute educational materials, and provide specific prevention activities: \$5,000

**Gillette:** Develop and distribute educational materials and other public information activities: \$5,000

**Evanston:** Host a local methamphetamine conference and develop and distribute educational materials: \$7,000

Cheyenne/Laramie County: Conduct a methamphetamine specific needs assessment similar to the one used in Casper and determine methamphetamine use rates, patterns, treatment need, treatment resources, community partnerships, intervention, and prevention needs. The Cheyenne Methamphetamine Initiative has gained assistance from DataCorp in collaboration with SJ Miller Associates and will utilize the data to develop a community strategy specific to Laramie County: \$50,000

#### S. Federally Funded Initiatives

#### 1) Strategic Prevention Framework – State Incentive Grant (SPF-SIG)

Wyoming was awarded the SPF-SIG on September 30, 2004, along with 21 other states and territories. This federally-funded initiative utilizes the Strategic Prevention Framework (SPF) which includes five components: needs assessment, mobilization and capacity building, strategic planning, implementation of effective prevention strategies and the evaluation to process, and programs making adjustments as necessary to ensure outcomes based results. Cultural competence and sustainability are infused throughout the five step process. In order to complete the needs assessment (the first

step), the SPF-SIG requires each state grantee to utilize a State Epidemiological Workgroup (SEW). Other requirements include a State Advisory Council, data driven decision making, and implementation of evidence-based policies, practices, and programs.

The SEW includes Wyoming state and community members skilled in the review of data and use of data to drive community change. The SEW started the needs assessment process in August 2005 with support from staff at the SAD and the WYSAC. The SEW identified 51 Wyoming specific data sources with 269 separate indicators that assess various substance abuse issues. The data were then narrowed to 25 indicators using seven criteria such as the number of people affected, the seriousness of the problem, and the state's ability to change it. This final data prioritized for the Strategic Prevention Framework SIG focuses efforts on the Misuse of Alcohol. This means that the primary target for the prevention efforts of the SPF–SIG is underage drinking and adult binge drinking. Underage drinking refers to any use of alcohol by anyone under the age of 21, while adult binge drinking refers to those 18 years and older who have five or more drinks on any one occasion.

The State Advisory Council (SAC) first met in January 2006, where they began work on the State Substance Abuse Strategic Plan and a mechanism to fund communities. Currently Wyoming's plan for distribution of community funds is under review by SAMHSA's Center for Substance Abuse Prevention (CSAP). Wyoming's intent is to distribute these funds to all 23 counties and the Wind River Reservation. It is hoped that CSAP will quickly approve the plan allowing the Substance Abuse Division to have contracted with local agencies in communities by December 2006.

# 2) 21<sup>st</sup> Century State Incentive Grant (21 SIG)

In 2001, the WDH-SAD received federally funded State Incentive Grant (SIG) to assist communities to prevent alcohol, tobacco, and other drug use, abuse, and problems for youth ages 12 -17 years as well as reduce known risk factors and enhance known protective factors. The 21<sup>st</sup> Century State Incentive Grant (21 SIG) represented a combination of four different funding sources (State Incentive Grant, 21<sup>st</sup> Century Community Learning Centers Funds, Tobacco Settlement Funds, and the Governor's Portion of Safe and Drug Free Schools Funds). The combined grant allowed 26 communities to apply for one, two, three, or all four of the funding streams. Wyoming is the only state in the nation to demonstrate successfully a multi-funding prevention grant at the community level. The 21 SIG officially ended September 30, 2006.

The final report will be published in October 2006. Preliminary findings for the 21 SIG include the creation of 22 new prevention coalitions, the implementation of nearly 200 evidence-based programs, and an increase in the readiness of communities to provide prevention services. Overall, math and language arts grades and proficiencies improved, a small number of risk and protective factors improved while most remain unchanged, and school districts around the state implemented new tobacco prevention policies. Importantly, between 2001 and 2006 Wyoming also saw an associated decrease in 30-day use of alcohol, cigarettes, and marijuana as well as binge drinking on both the YRBS and PNA.

# T. Intervention: Intensive Supervision Program and Treatment Services for Juveniles

The Wyoming Department of Family Services (DFS) expanded, under the Substance Abuse Control Plan, the intensive supervised program (ISP) for juvenile offenders. The ISP supports 20 officers and 10 support staff. The ISP officers serve as youth probation officers and work in teams of two to conduct the intensive supervision of the juvenile offenders. The average caseload for these ISP officers is 10. DFS is currently reviewing the staffing patterns and ISP placement within the state due to challenges of attrition and actual need in the region for ISP services.

DFS has increased community-based treatment services available across Wyoming. Contracts for these services will be developed as a result of the State Request for Proposal process. Each DFS region contracts with private providers for services to ISP youth and families. These service include the following: comprehensive substance abuse and/or psychological assessments; screening or evaluations; intensive outpatient treatment; treatment planning; referral services; translation and communication services; home-based family interventions; intensive home-based services and therapeutic group sessions; community service coordination; mentoring services; day treatment to include individual and/or family therapy; and group therapy. DFS tracked increased levels of assessment and treatment opportunities in communities for ISP youth and their families made possible through the funds received by DFS from the Substance Abuse Control Plan. The Juvenile Services Division of DFS tracked out-of-home placements since the inception of the ISP program and the out-of-home placement rates have decreased as the Division implements more comprehensive supervision programs.

Twenty ISP officers served 210 youth during FY06, with caseloads continuing to grow. Of the youth who entered the program during FY06, 68% successfully completed the program or were successful on ISP in the community. Of the 210 high-risk youth, 67% received treatment services in the community developed through the ISP program. Youth also received services through other providers. Eighty-five percent of the youth graduated from high school, obtained a G.E.D., or remained in school. There were 2,231 urinalysis tests administered to these youth with only 7.6% of the tests returning positive for substances. The ISP program serves high-risk juveniles that would likely go immediately to out-of-home placement without this program.

DFS is expanding its re-entry services for ISP clients through the Serious and Violent Offender Re-Entry Initiative (SVORI) grant and funds allocated by the legislature. DFS created this initiative in response to the alarming number of juveniles being court ordered to out-of-home placement. DFS developed programs, which serve those juveniles considered to be at high risk for recidivism. The programs provide the necessary guidance to ensure a more stable transition back into the community for those juveniles returning from out-of-home placement. Re-entry/Aftercare Case Managers are carrying out this initiative with the close cooperation of the respective ISP officers.

#### U. 100-Bed Secure Residential Treatment Facility

At the conclusion of the state's competitive selection process in July 2003, the Department of Correction (DOC) awarded the contract to build and manage the 100-bed secure residential treatment facility to Community Education Centers (CEC) of Roseland, New

Jersey. CEC completed the construction of the medium security therapeutic community facility in April 2004 and began receiving inmates for treatment. CEC reached program capacity on June 10, 2005, and the facility has consistently remained at or near capacity since then.

A major intent of the authorizing legislation was to facilitate the use of "best practices" in the rehabilitation and treatment of substance abusing offenders, and to provide them with the necessary tools to successfully re-enter society and remain both substance abuse and crime free. Research demonstrates significant reductions in recidivism following completion of a Therapeutic Community (TC) treatment program. To that end, the legislation requires the use of a comprehensive social learning and cognitive behavioral-oriented treatment program based on the TC Methodology.

The CRC-TC program is a therapeutic community and adheres to the Draft First Edition Performance-Based Standards for Therapeutic Communities proposed by the American Correctional Association (ACA) and Wyoming Department of Health's Substance Abuse Certification Standards. CASAT conducted an initial site visit on April 14, 2005, and due to the fact the program had only been in operation a short time, CASAT awarded a provisional certification and arrangement was made for a follow up visit. CASAT conducted the follow-up site visit on February 8, 2006, and they awarded the facility a one-year certification.

The CEC designed the CRC-TC program for inmates who have demonstrated a significant problem with substance dependence and resulting impairment to their level of social and occupational functioning. The program focuses on the whole person and promotes the adoption of a recovery oriented lifestyle and changing addictive and criminal behaviors. The CRC-TC provides the knowledge and skills necessary for a productive lifestyle prior to reintegration into the community. The DOC has set the following eligibility requirements for consideration before inmates may participate in the therapeutic community:

- 1) Have a documented history of substance abuse as evidenced through evaluation by a certified or licensed provider;
- 2) Have a medium classification or lower;
- 3) Be at least 18 years of age or older;
- 4) Have a medical and/or psychiatric status that does not preclude their full participation in the program;
- 5) Must be within 12 months of parole eligibility or release date, which can be longer if it is in the best interests of the inmate's treatment needs; and
- 6) Be an inmate who possesses a low risk for escape or violence.

The Community Education Centers have proven themselves a leader in the provision of substance abuse treatment services for correctional populations throughout the country. Facility leadership strives to ensure the CRC-TC program is in keeping with therapeutic community principles and practices and they maintain the foundation necessary for powerful interventions and program effectiveness. To date, the DOC has seen 226 inmates involved in the program: 105 inmates have successfully graduated, 98 inmates

are currently participating, and CEC discharged 38 inmates as a result of disciplinary infractions or the inmate's decision to voluntarily drop-out of the program.

#### V. Authorized Research Studies

- 1) Review of Adolescent Treatment Programs. Completed.
- 2) Children of Incarcerated Persons. Wyoming Statute 9-2-2707 authorized the Departments of Health, Education, Family Services, Workforce Services, and Corrections to jointly conduct a study of children of incarcerated persons. The intent of this study was to develop a mechanism for identifying children of incarcerated persons, identifying common risk factors in this population, and recommending appropriate responses for assisting this high-risk population.

The data collection phases of Study of the Children of Incarcerated Persons (SCIP) began in the spring of 2006. First, the DOC provided the inmates the opportunity to participate in this study. The DOC informed inmates of the purpose of the study and that their family would receive incentives for participation in the study. Inmates had the option to decline or to accept participation in the study. Those who opted to participate provided their information directly to WYSAC so the information is completely confidential. The participating inmates provided the information needed to identify and contact their children or their children's caregivers. Inmates with children over 18 or with children living outside of Wyoming were not eligible for participation in the study. Participating inmates at the State Penitentiary, Honor Conservation Camp and Boot Camp, Honor Farm, and the Women's Center provided consents. Without consent from the inmate, researchers cannot contact the households in which these children live. In addition, inmates located in Texas and the Casper Treatment Center were also given an opportunity to participate in the study. WYSAC finalized the list of potential participants in June 2006. WYSAC researchers are moving forward in selecting the Children with Incarcerated Parents (CIP) households for participation in the study.

During this summer, WYSAC contacted the individuals identified as caregivers by the inmates and received permission to survey them and/or their children. WYSAC will then mail out surveys to caretakers of children under 12 and begin the face-to-face interviews of the CIP adolescents (12-17 years old). By the end of this summer, WYSAC will conduct two focus groups of caretakers of children with incarcerated parents. WYSAC will analyze all qualitative and quantitative data to identify the risks and needs of this population. This data analysis will also include comparisons to the general Wyoming youth population, since a number of questions from the Youth Risk Behavior Survey (YRBS), Prevention Needs Assessment (PNA), and other nationally-validated youth risk and youth need surveys are included in the SCIP surveys.

WYSAC will also complete a "meta-analysis" of the results of existing research literature on SCIP in the coming year. This analysis will allow us to better understand local, state, and national findings on the CIP population and will provide critical information on how other states have responded to the needs of this growing population of at-risk children. There will be an analysis of the comprehensive data collected through written surveys, face-to-face interviews, focus groups, and the meta-analysis of current CIP research. All results will be in a final report due to SAD by July 31, 2007.

The steering committee will utilize this information to develop specific recommendations for the legislature. The research results will provide a crucial snapshot of the current needs and risk factors associated with Wyoming's invisible CIP population. Please note that this research will not examine the long-term implications of having an incarcerated parent. The SCIP study could include a longitudinal component that would track the risks and needs of the CIP population over time. The steering committee will provide information about this option with the recommendations. The Wyoming State Legislature may wish to invest in making this study longitudinal so that the state can track information about these children over time to examine the long-term risks and needs of the CIP population as they enter into adulthood.

3) Offenders that Re-Enter the Community. Completed.

## W. Alcohol Compliance

Effective July 1, 2003, Wyoming Statute 12-6-101 through 103 requires the WDH to work with others to develop strategies that coordinate and support local law enforcement efforts to reduce sales of alcohol to underage persons. WDH-SAD works alongside local agencies and individuals to organize and direct local education, prevention, and enforcement efforts that appropriately reflect the needs of the community. The SAD works in an advisory capacity with the Enforcing the Underage Drinking Laws Advisory Council (EUDL), the Wyoming Association of Municipalities (WAM), law enforcement agencies, US Attorney's Office, Court and Commissioner's Association, Court Attorney's Association, School Resource Officers and Wyoming DARE, Governor's Substance Abuse and Violent Crime Board, and Governor's Impaired Drivers Council on substance abuse issues and environmental strategies. The Wyoming Association of Sheriffs and Chiefs of Police (WASCOP) facilitated, coordinated, and supported local and statewide efforts of community leaders, state and local coalitions, and concerned citizens. The SAD oversees WASCOP's technical assistance and training efforts to implement research-based enforcement tools as well as environmental community strategies that address underage alcohol use.

WASCOP conducts alcohol compliance checks and trainings with alcohol retailers throughout the state. WASCOP received nearly 100 percent participation with police departments in communities of 9,000 or more. There were 1,107 total alcohol visits conducted in the past year (up from 716 conducted the previous year). Approximately one in five failed the compliance check for a state failure rate of 20.41 percent which is a significant improvement over the 25 percent failure rate last year.

This year several changes were made to the compliance check program. WASCOP worked with the Department of Revenue Liquor Division to develop a new report form and establishment labels by community to attach to the form to ensure the proper license name and type was captured on the compliance check form. This will aid the Liquor Division in a review of the data. For example this will allow a comparison of compliance rates between communities that have had TIPS training and those that have not.

WASCOP assisted the Liquor Division in the development of a new thirty minute training tape for new employees that work in a liquor establishment. This tape covers Wyoming liquor statutes as well as best practices in liquor sales. The tape along with new "GET ID" packets will be distributed this next year.

# 2004 and 2006 Wyoming Alcohol Compliance Checks

		2004			2006		
County	City / Town	Violations	Visits	Compliance percentage	Violations	Visits	Compliance percentage
Albany	Laramie	16	65	75.38%	17	65	73.85%
Big Horn	Lovell	6	12	50.00%	0	9	100.00%
Campbell	Gillette	3	30	90.00%	15	83	81.93%
Carbon	Rawlins	3	19	84.21%	6	16	62.50%
Converse	Douglas	11	30	63.33%	4	30	86.67%
Fremont	Lander				6	30	80.00%
Fremont	Riverton	5	36	86.11%	9	37	75.68%
Goshen	Torrington	7	40	82.50%	9	38	76.32%
Hot Springs	Thermopolis	1	14	92.86%	6	16	62.50%
Laramie	Burns				1	1	0.00%
Laramie	Cheyenne	27	77	64.94%	37	173	78.61%
Laramie		3	16	81.25%			
Lincoln	Afton				1	14	92.86%
Lincoln	Alpine				2	18	88.89%
Lincoln	Cokeville				1	3	66.67%
Lincoln	Diamondville				1	5	80.00%
Lincoln	Fontenelle				0	2	100.00%
Lincoln	Kemmerer				3	14	78.57%
Lincoln	LaBarge				1	6	83.33%
Lincoln	Star Valley				1	1	0.00%
Lincoln	Thayne				0	6	100.00%
Lincoln	-	14	40	65.00%			
Natrona	Bar Nunn				1	1	0.00%
Natrona	Casper	20	109	81.65%	30	171	82.46%
Natrona	Evansville				1	10	90.00%
Natrona	Midwest				1	4	75.00%
Natrona		7	15	53.33%			
Park	Powell	14	29	51.72%	6	46	86.96%
Park	Cody	11	39	71.79%	7	58	87.93%
Platte	Wheatland	4	8	50.00%	3	9	66.67%
Sheridan	Sheridan	5	29	82.76%		-	
Sweetwater	Green River	2	37	94.59%	0	20	100.00%
Sweetwater	Rock	6	22	72.73%	11	31	64.52%
	Springs						
Teton	Jackson	6	29	79.31%	20	85	76.47%
Uinta	Evanston	8	20	60.00%	19	71	73.24%
WYON	IING TOTALS	179	716	75.00%	219	1073	79.59%

### X. Social Marketing

Social marketing is the planning and implementation of programs designed to bring about social change using concepts from commercial marketing. Through specific researched strategies, social marketing can change community norms. These successful strategies use various media outlets to influence and alter health related behavior. The goal for the Division is to reduce substance abuse risk factors and to increase protective factors.

Prior to 2002, the public awareness of the health risks associated with methamphetamine use was relatively low. In 1998, the Tri-Ethnic Center at Colorado State University surveyed 38 Wyoming communities. Of those, 16 percent denied there was a methamphetamine problem in their community and 47 percent had a vague awareness of what methamphetamine was. Public awareness rose during the subsequent years because of the social marketing campaign funded by House Bill 59. This funding provided the first Wyoming media campaign specific to methamphetamine. Results from this campaign were positive. In 2005, a telephone survey conducted by Lindsey and Associates showed 77 percent of Wyoming residents surveyed believed methamphetamine was a serious problem in the State.

To continue the social marketing campaign strategy specific to methamphetamine, the SAD issued an RFP in 2006 and signed a contract with the winning vendor in August 2006. This campaign is currently in the developmental stage. The vendor will develop and disseminate materials and messages via mass media in combination with youth-targeted, school-based programs to reach the population with the greatest potential for prevention impact. The primary target audience will include youth/young adults age 12-24 (25-30 percent of Wyoming population) who are at risk or exposed to at-risk situations including peers and influencers of at risk youth/young adults. The secondary target audience will include the community at large (adults age 25-64) in order to promote taking action in their community against methamphetamine.

The campaign will use marketing strategies, materials, and information that are Wyoming specific. The campaign may include methamphetamine specific and general prevention related social marketing messages distributed via website, radio, TV, and internet messages. Purchasing of advertising time and space in local media outlets will take place following market analysis.

Additionally, in 2006, the SAD joined with the Partnership for a Drug Free America to create the Partnership for a Drug Free Wyoming. The Partnership for a Drug Free America is a non-profit coalition of professionals from the communications industry. The Partnership exists to help reduce illicit drug use in America, including Wyoming, through a drug-education advertising campaign and other forms of traditional and new media communications. Through the Partnership, Wyoming media outlets now have public service announcements (PSAs) made available to them as well as the opportunity to utilize these PSAs for a cause-related marketing approach. The PSAs focus primarily on reducing illicit drug use, including methamphetamines, among teens through educating them about the risks of illicit drug use and the benefits of drug avoidance.

# 4. Statistical Information

Work toward a comprehensive data system continued this year and the basic data system was refined through expansion efforts to capture behavioral change and treatment effectiveness data information. Each system listed below serves a specific program or grant, and none have the ability to share or integrate data with other systems.

# Stand-Alone Data Systems-SAD

System	Data	Purpose	
WCIS (Wyoming Client Information System)	Intake, discharge, service data, and transactional data	Planning, research, and statistical analysis	
WITS (Web-Infrastructure for Treatment Services) – Pilot project for Access to Recovery (ATR)	Intake, discharge, service data, transactional data, billing, and waiting lists	Screening, assessment, evaluation, monitoring, planning, consent, referrals, and payment	
DENS (Drug Evaluation Network System)	Addiction severity and placement recommendations	Screening, assessment, evaluation, monitoring, and tracking	
GAIN (Global Assessment of Individual Needs)	Addiction severity and placement recommendations for adolescents	Screening, assessment, evaluation, monitoring, and tracking	
Drug Court	All Drug Court case management activities	Statistics and outcome measurements	
Ranger system	Urinalysis testing data	Contract monitoring, statistics, tracking, and outcome measurements	
MDS (Minimum Data Set)	Minimum Data Set	Federal Prevention Reports	
SIG (State Incentive Grant)	Minimum Data Set	Federal Prevention Reports and preventative needs assessment	
Provider Monthly Invoices	Unit hours served	Contract monitoring	
Tobacco	Tobacco usage and prevention data	Planning, statistical analysis and research	

The SAD processed and identified its data infrastructure requirements that are common among all SAD programs. They are the following:

- 1) Measure unit costs of services provided by substance abuse providers with funds from the SAD.
- 2) Identify the effectiveness of substance abuse treatments (measuring outcomes).
- 3) Measure the effectiveness of substance abuse treatment plans that use more than one program.
- 4) Coordinate substance abuse services across programs and geographic locations (identifying clients who may be using different program services in different geographic areas).
- 5) Identify long-term outcomes from clients with a history of receiving substance abuse services from different programs and different providers in different geographic locations.
- 6) Identify the effectiveness of preventative programs (outcomes).

- 7) Identify and correct substance abuse service capacity shortfalls throughout the state.
- 8) Ensure that substance abuse funds are not wasted through billing errors (double-billing, for instance).
- 9) Meet reporting requirements of substance abuse funding sources, including granting organizations, the state legislature and federal sources.
- 10) Conduct research to improve treatment protocols.

The SAD identified these key data infrastructure requirements to enhance the efforts toward cross-division and department research analysis and reporting. The SAD is working more with other divisions and departments to create services addressing co-occurring disorders as well as to identify other common clients. Cross-departmental information technology must support this "non-silo" aspect of prevention and treatment by providing the means to tie services provided by multiple programs with the overall client outcomes. SAD and other stakeholders will need to identify what services and, more importantly, what combination of prevention and treatment services result in the best outcomes for the Wyoming population as well as for individual clients.

SAD and MHD continue to work together to collect treatment data information from state-funded providers and increase the data capacity to extrapolate specific performance and outcome indicators. This expansion will allow the divisions to provide client specific data, if required, and provide outcome measures that can be used as part of an overall process to monitor and provide quality client care. There are limitations to the current system and future improvements planned include continued development of the WCIS, increased utilization of the Medicaid Management Information System and related Decision Support System, and increasing consideration of other existing data efforts that must play a role in building a picture of the SAD results and future needs.

However, to truly have a system that can provide the outcomes measurement needed, the SAD believes it will take a legislative mandate and funding to require the help of all Departments to design and implement a system that provides cross-departmental accountability to the taxpayers of Wyoming while ensuring fiscal stewardship. Without such a mandate in order to design and implement such a system, the state will continue to struggle to provide the Legislature with a more accountable information system to ensure effective management of programs that share many existing clients.

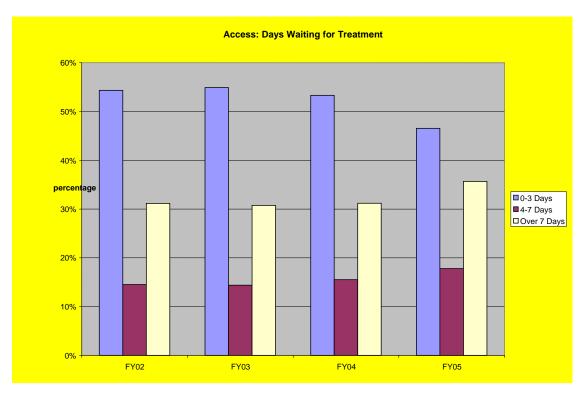
The Resources for Recovery Robert Wood Johnson Foundation Technical Assistance Grant was submitted in July 2003 by the SAD in cooperation with Department of Corrections, Wyoming Department of Health Office of Medicaid, Department of Family Services, and Wyoming Department of Health MHD to participate in a two-year forum regarding "State Practices that Expand Treatment Opportunities." SAD went from serving 1,086 Medicaid clients in FY05 to 675 Medicaid clients in FY06. Expenditures went from \$719,072 in FY05 to \$552,901 in FY06. Due to multiple changes in staff and resources in SAD, SAD was unable to continue a project regarding the utilization of the Medicaid Management Information System for processing both Medicaid and state-funded treatment encounters. This project is still viable, but SAD and the Department of Health CIO's Office will need to discuss this as part of an overall data infrastructure plan.

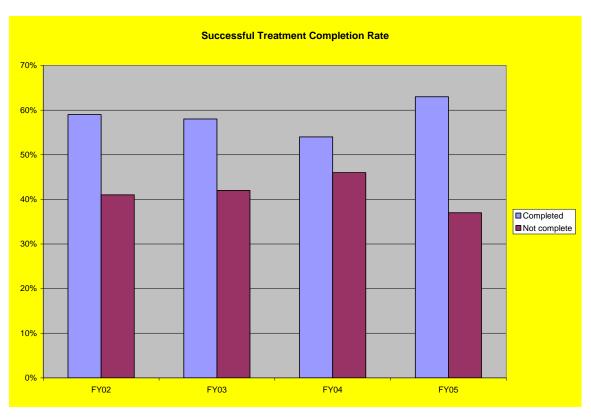
The SAD and MHD are working together with the providers to achieve the necessary changes to the WCIS to better measure effectiveness, identify needs, and provide information to stakeholders. Current staffing levels at the Mental Health and Substance

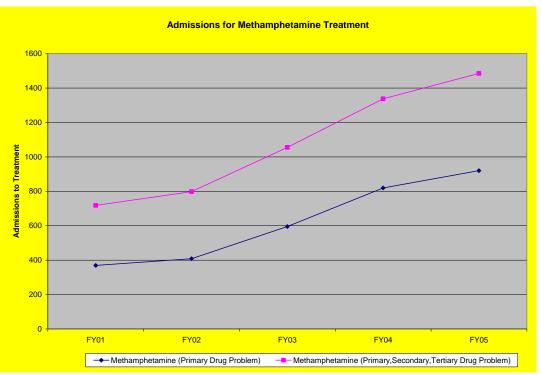
Abuse Divisions in the area of data collection and entry as well as data analysis make it difficult to maintain the current data infrastructure, provide an increasing number of reports, plan for future projects, and thoroughly analyze the existing data. However, House Bill 91 has provided funding and positions that will move this area forward and provide quality assurance/improvement staffing to ensure the Divisions are able to move the quality of care forward in Wyoming.

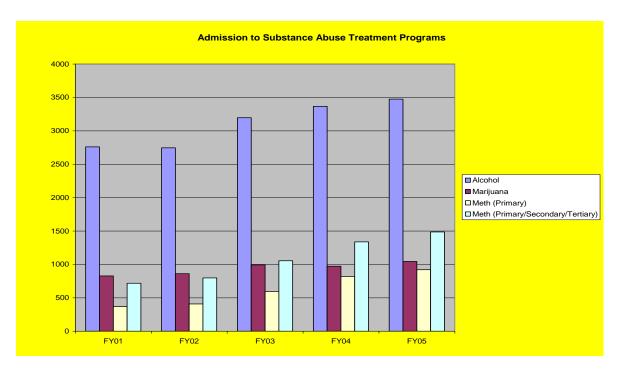
Measuring the effectiveness of substance abuse treatment is important as it considers both the welfare of the individual clients and the positive benefits to communities. The significant cost benefits of drug treatment include reduced crime, increased productivity, and lower healthcare utilization. It is estimated that for every dollar spent on treatment, society saves seven dollars in reducing the need for medical attention, incarceration, environment hazards, and out of home placements for children. Examining the statistics regarding the number of clients served by treatment programs including admission, retention, and discharge, provides meaningful information on the effectiveness of treatment. The total number of admissions to substance abuse treatment programs has gradually increased during Wyoming state fiscal years 2001-2006. The increasing trend may be due to both an increased need for substance abuse treatment and the increased treatment capacity since implementing the Substance Abuse Control Plan. Wyoming also saw an increased trend in successful treatment completion between FY02 and FY05. Increases in evidence-based treatment approaches, as well as implementation of a standardized substance abuse assessment and utilization of the ASAM placement criteria play a significant role in these increases.

The following statistics are provided on admissions to substance abuse treatment programs, number of days waiting to access treatment, admissions for methamphetamine treatment, and successful treatment completion rates:









#### 5. Recommendations

The programs, projects, and initiatives sponsored by the *Substance Abuse Control Plan* continue to move forward. As a result of needs assessments, surveys, studies, evaluations, and provider recommendations, the *Substance Abuse Control Plan* partners learned a great deal and there are several identified areas of need to bring forth.

#### A. Treatment:

Implementing standardized assessments to streamline targeted client placements. Enhancing intensive outpatient services is an efficient and effective way to address existing treatment needs in a rapid manner. The continuum of care model is effective in allowing flexibility in treating clients. There is still a great need for access to detox services, residential treatment, as well as transitional and recovery support services for Wyoming clients as they leave treatment. House Bill 91 increased access to detox services by providing funding for twelve detox beds statewide and the SAD is collaborating to bring transitional housing into Wyoming with Oxford Houses. However, communities need more residential treatment beds available to reduce the waiting lists and time for Wyoming citizens. Drug courts will also benefit from the implementation of consistent defined performance measurements across courts and in developing a plan for the future direction of drug courts that will address sustainability, standardization, institutionalization, program evaluation, and assessment.

#### B. Prevention:

Prevention programming in Wyoming will benefit from collecting meaningful and consistent data; increasing levels of collaboration at state and county levels; establishing evidence-based programs at community levels; continuing emphasis on environmental strategies across the prevention continuum; building a strong statewide prevention workforce capacity; and implementing data driven funding decisions. Prevention in Wyoming will benefit from

continued expansion of existing infrastructure and increase integration of prevention services, initiatives, and programs across agencies and departments. During the next two years, prevention certification will advance to include a system for individuals who work in the prevention field to gain certification or recognition for their continuing education.

### C. Regionalization of Services:

Increased resources to continue the coordination across the continuum of care are necessary to meet the needs of the citizens of Wyoming. The assessment and proper assignment of youth to treatment services, continued training, and implementation of an appropriate assessment instrument to generate the needed data to establish more cost effective options for youth to remain in their communities remains a priority. The continuous monitoring of evidence-based programs for clinicians implementing/enforcing accountability measures for cost effective treatment presents challenges that the SAD and its funded providers will continue to improve. These efforts. however, must not stop with SAD and those providers receiving state funds, it must cross all executive branch departmental authorities and include related efforts in the judicial branch. Without such a comprehensive data system, accountability system, certification process, and standards, Wyoming citizens will never have a system of care that will ensure the best of care accessible to all while maintaining good fiscal stewardship of the taxpayers' dollars.

The re-emergence of Comprehensive Substance Abuse Communities (CSAC) is critical as SAD works with the Select Committee on Mental Health and Substance Abuse Services and other key stakeholders to create an organized and cohesive substance abuse treatment system of care for the State of Wyoming. In addition to existing types of services available in Wyoming, the Division envisions CSACs providing expanded treatment services that are accessible across every region in order to provide a full continuum of care. SAD will continue its work with the MHD to create regions that are as similar as possible to those established in their regionalization plan.

Another priority remains the Methamphetamine Initiative. The Wyoming Methamphetamine Initiative is beyond the planning and development stages and focuses on, and continues to support local efforts in our Wyoming Communities. SAD's Methamphetamine Core Team has met with twenty of twenty-seven responding communities, which represent seventeen of Wyoming's twenty-three counties. The Methamphetamine Core Team reports an overall positive response from communities visited. SAD will continue providing seed grants to communities for methamphetamine prevention and SAD's statewide social marketing campaign will have "hook-on" components for local communities to tie into the statewide Future goals for the Methamphetamine Core Team include continued campaign. communication and collaboration with existing local methamphetamine initiatives, completion of data analysis in each community visited, and local news releases that will Treatment expansion for the methamphetamine abusing highlight local initiatives. population will include additional therapeutic communities; program activities to decrease the number of drug endangered children and increase the number of drug free births; and additional communities through the of mobilizina continuation statewide Methamphetamine Core Team visits. SAD will continue to explore the use of a toll free support line, move forward with social marketing efforts to propel communities into action, and increased community education and awareness campaigns that incorporate Wyoming's schools.

# 6. Summation and Conclusions

The Substance Abuse Control Plan continues to influence the strategic planning processes across collaborating agencies. SAD will continue its efforts in improving data collection; accountability established in prevention and treatment through the certification process; continue collaborations that are in place; continue the Methamphetamine Core Team activities; and increase coordination around data efforts across departments.

Contrary to some reports, House Bill 59 Agencies made significant progress since the enactment of this legislation. These improvements indicate successful program management as well as effective fiscal supervision and accountability. Through this collaborative effort, state and local agencies have leveraged various funding sources that build effective and accountable prevention, intervention, and treatment programs. Wyoming communities directly receive at least 80 percent of HB59 funds through which to implement these programs. The principle agencies look forward to the legislature's continued involvement in monitoring interagency collaboration as we report cost savings and document outcomes of the direct services provided to Wyoming citizens.

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Ginny Mahoney, M.A., Chief of Staff

Wyoming Department of Health Mental Health Division Chuck Hayes, Administrator Marla Smith, Behavioral Health System Coordinator

Wyoming Department of Health Substance Abuse Division

Steven R. Gilmore, Administrator

Dean W. Jessup, Esq, Deputy Administrator of Operations

Bronwen Anderson, Strategic Prevention Framework-State Incentive Grant Coordinator

Marcia Benedict, Contracts Specialist

Mary Hazzard, Fiscal Manager

Janet Jares, Prevention Program Manager

Anna Maki, Methamphetamine Coordinator

Reginald McClinton, Epidemiology Manager

George Pitt, Tobacco Prevention Program Manager

Carole Wood-Grisham, Ph.D., Treatment Program Manager